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FROM: Charles D. Holland

DATE: October 25, 2005

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| Number of pages with cover page: | 18 | |
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Preparer of this slip has confirmed that facsimile number given is correct: 9369/cgm1

Comments:

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Comments: **RESPONSE TO NON-FINAL OFFICE ACTION**

DOCKET NO.: 282172000810

GROUP ART UNIT: 1631

EXAMINER: M. Miller

SERIAL NO.: 09/872,384

FILING DATE: June 1, 2001

INVENTOR(S): Derek J. Hei

TITLE: METHODS AND DEVICES FOR THE REMOVAL OF PSORALENS FROM BLOOD PRODUCTS

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal w/duplicate copy for fee processing (2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment/Response (13 pages)

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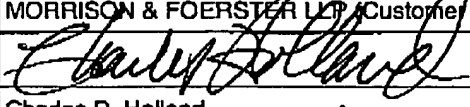
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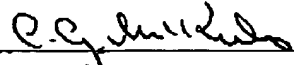
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|--|----------------------|------------------------|--------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/872,384 | |
| | Filing Date | June 1, 2001 | |
| | First Named Inventor | Derek J. HEI | |
| | Art Unit | 1631 | |
| | Examiner Name | M. Miller | |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | 282172000810 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
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| Firm Name | MORRISON & FOERSTER LLP (Customer No. 25226) | | |
| Signature |  | | |
| Printed name | Charles D. Holland | | |
| Date | October 25, 2005 | Reg. No. | 35,196 |

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| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. | |
| Dated: October 25, 2005 | Signature:  (Carolyn G. McKubre) |

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PTO/SB/17 (12-04v2)

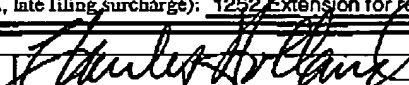
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| Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number 09/872,384 | Filing Date June 1, 2001 |
| TOTAL AMOUNT OF PAYMENT (\$) 450.00 | | First Named Inventor Derek J. HEI | Examiner Name M. Miller |
| | | Art Unit 1631 | Attorney Docket No. 282172000810 |

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| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments |

| FEE CALCULATION | | | | | | | |
|---|--------------|--|--------------------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 100 |
| Multiple dependent claims | | | | | | | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 24 | | 25 | 0 | 0.00 | Fee (\$) | | Fee Paid (\$) |
| | | | | | 360.00 | | 0.00 |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 2 | | 3 | 0 | 0.00 | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| | - 100 = | /50 | (round up to a whole number) x | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month | | | | | | | 450.00 |

| | | | |
|---------------------|---|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 35,196 |
| Name (Print/Type) | Charles D. Holland | Telephone | (650) 813-5832 |
| | | Date | October 25, 2005 |

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